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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1 ORGANIZATION												
		(See instructions)					Office use only					
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exan over	nple: If typying the lines	g, type	12F	E4M5					
John Campbe	ell For Congress							ш	ш		لب	
					ш	ш		ш	шш		Ш	
ADDRESS (number and	4590 street)	Macarthur Boul	evard		ш		1 1	ш	ш		Ш	
(Check if add	ress	e <sub>.</sub> 500		<u> </u>			1 1					
is changed)		Newport Beach					CA 92660 _ 2028					
			CITY			STATI	•		ZIP CC	DDE 📥		
COMMITTEE'S E-MA												
info@campbe	ellforcongress.co	m 	ш					ш	шш		لب	
			ш	шш		ш		ш	шш			
COMMITTEE'S WEB	PAGE ADDRESS (L	JRL)										
www.campbe	ellforcongress.co	m 					1 1					
	<u> </u>										لــــــــــــــــــــــــــــــــــــــ	
COMMITTEE'S FAX 5309345776	NUMBER	_ا										
2. DATE M	M / D D / Y	2007										
3. FEC IDENTIFICA	ATION NUMBER	(	C C00	412312								
4. IS THIS STATEM	MENT NEV	V (N) OR	X	AMEND	DED (A)							
I certify that I have exam	nined this Statement and	d to the best of my knov	vledge an	d belief it is tru	ie, correct a	nd compl	ete			•		
Type or Print Name of	Treasurer	Kelly Lawler										
Signature of Treasure	r Electronically File	ed by <b>Kelly Lawl</b> e	er			Date	M 1 2	M /	D 28 /	Y Y 2	0 0 7	
NOTE: Submission of fa		mplete information may							2 U.S.C. S	437g.		
Office Use Only				For further in Federal Electi Toll Free 800 Local 202-69	ion Commis -424-9530			F	FEC FC		 !	